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CONFIRMATION NO. 8642



Data Sheet

<b>SERIAL NUMBER</b> 09/508,567	<b>FILING DATE</b> 03/14/2000 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2671	<b>ATTORNEY DOCKET NO.</b> 5491
<b>APPLICANTS</b> BENNY PESACH, TEL-AVIV, ISRAEL;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/IL98/00435 09/09/1998				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 121760 09/14/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/04/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> ROY N ENVAL JR ANTHONY CASTORINA 2001 JEFFERSON DAVIS HIGHWAY SUITE 207 ARLINGTON, VA 22202				
<b>TITLE</b> THREE DIMENSIONAL DEPTH ILLUSION DISPLAY				
<b>FILING FEE RECEIVED</b> 126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



Bib Data Sheet


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Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/508,567	<b>FILING DATE</b> 03/16/2000 <b>RULE</b> -	<b>CLASS</b> 313	<b>GROUP ART UNIT</b> 2879	<b>ATTORNEY DOCKET NO.</b> 5491	
<b>APPLICANTS</b> BENNY PESACH, TEL-AVIV, ISRAEL; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/IL98/00435 09/09/1998 <b>** FOREIGN APPLICATIONS *****</b> ISRAEL 121760 09/14/1997 <b>IF REQUIRED, FOREIGN FILING LICENSE</b> ** <b>GRANTED ** 05/04/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> ROY N ENVALL JR ANTHONY CASTORINA 2001 JEFFERSON DAVIS HIGHWAY SUITE 207 ARLINGTON ,VA 22202					
<b>TITLE</b> THREE DIMENSIONAL DEPTH ILLUSION DISPLAY					
<b>FILING FEE RECEIVED</b> 129	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 508567	RECEIPT DATE:	03 / 14 / 00
IA NUMBER:	PCT/ IL98 / 00435	IA FILING DATE:	09 / 09 / 98
FAMILY NAME:	PESACH	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	BENNY	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 14 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
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APPLICATION TITLES:	THREE DIMENSIONAL DEPTH ILLUSION DISPLAY		

TAB TO LAST POSITION,PUSH SEND